

POSITION	ID NO.	DATE
CLASSIFIER		21 21/7/96
EXAMINER	438	21 29/96
TYPIST	530	3-21-96
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

Best Available Copy

INDEX OF CLAIMS

Claim	Date		
Final	Original	1	2
1	96	1	98
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date		
Final	Original	1	2
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